FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEG MAIL CENTER

2016 MAR 28 PM 1: 06

1								Office Use On	ıy
1. NAME OF COMMITTEE	(in full)	TYPE C	OR PRINT ▼		ample: If typer er the lines.	oing, type	12FE4M	[5	
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Check if than pre reported		H) 6 0	1 1 1 1			WN	55038	3-4440
2. FEC IDENT	IFICATION	NUMBER	▼ .	CITY 🛦			STATE A	ZIP	CODE A
	5862	168		3. IS THIS REPOR	т 🚺	NEW (N) OR	AM (A	MENDED)	
4. TYPE OF (Choose One			Monthly Report Due On:	Feb 20 (M2	2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly	Reports:		Due On.	Mar 20 (M	3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	1 15			Apr 20 (M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July		, , , ,	c) 12-Day PRE-Ele	ction	Primary (12	2P)	General	(12G)	Runoff (12R)
	irterly Report ober 15	(Q2)	Report fo		Convention	(12C)	Special	(12S)	
Jan	erterly Report uary 31			-	N W M	/ 0 0 /	▽ # → # → #	in ti	N El
(See July	r-End Report 31 Mid-Year		d) 20 Day	Election on				Stat	te of
Ren Yea	ort (Non-elec r Only) (MY)	tion	d) 30-Day POST-El Report fo	<u> </u>	General (3	0G)	Runoff (30R)	Special (30S)
Terr (TE	nination Repo	ort		Election on	MOM	/ 0 0 /	77777	in the State	he te of
5. Covering Per	iod	17	511/2	0.13	through	1.2	[5]	201	5
I certify that I have			ort and to the	(1)	_	belief it is tru	e, correct an	d complete.	
Type or Print Nar	ne of Treasu	irer		1 1 2 6 1	-6 21 -			·	
Signature of Trea	surer (#	WWW.	1		<u>`: :</u> D	ate O	3 23	2016
	of false, erro	oneous, or	incomplete in	formation may	subject the pe	erson signing th	is Report to t	he penalties of	52 U.S.C. § 30109.
Office Use								FEC FO	ORM 3X

2016 - 03 - 28 - 05 - 00057719

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

Report Covering the Period:





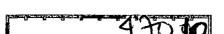
COLUMN A This Period

COLUMN B Calendar Year-to-Date

(a) Cash on Hand January 1,

(b) Cash on Hand at





Total Receipts (from Line 19)

Beginning of Reporting Period.....





(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....





Total Disbursements (from Line 31)......



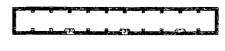


Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

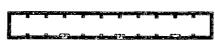




9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)



10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name

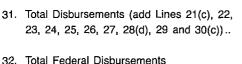
Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶

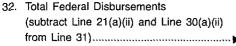
DETAILED SUMMARY PAGE

of Disbursements

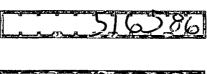
Page 4 OF

FEC Form 3X (Rev. 02/2003) **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 22. Transfers to Affiliated/Other Party Contributions to Federal Candidates/Committees and Other Political Committees...... 24. Independent Expenditures 26. Loan Repayments Made..... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...........▶ 29. Other Disbursements 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶















DETAILED SUMMARY PAGE

of Disbursements

Page 5 0 14

FEC Form 3X (Rev. 02/2003)

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III. Net Contribu Operating Expen		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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34. Total Contribution Refund (from Line 28(d))	· ·		
35. Net Contributions (other (subtract Line 34 from Li	·	10,87702	10,87702
36. Total Federal Operating (add Line 21(a)(i) and Li	. 1	5165.86	5,6586
37. Offsets to Operating Exp (from Line 15, page 3)	il i		
38. Net Operating Expenditu (subtract Line 37 from Li	. 8	5/6586	516586

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	6	

SCHEDULE A (FEC Form 3X)	(1	FOR LINE NUMBER: PAGE OF			
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		rson for the purpose of soliciting contributions			
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Full Name (Last, First, Middle Initial) A. SIZANNE HAW SK		Date of Receipt			
Mailing Address N WRoHington S	4. Ste 234	108 23 23 3			
City France CAMPA UNA	Zip Code	Amount of Each Receipt this Period			
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Name of Employer Occupation	who Deepe				
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼				
Full Name (Last, First, Middle Initial) B. Chikwood Subou		Date of Receipt			
Mailing Address City A State	Zip Code	09'03'E313			
HUNKUDAG 14	12003	Amount of Each Receipt this Period			
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Name of Employer Occupation					
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C. Full Name (Last, First, Middle Mitial)		Date of Receipt			
Mailing Address City City City City City City City City	Dye W Zip Code	109 / 24 / 20.15			
Centrelle WD	20120	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		250.00			
Hame of Employer Occupation Person of Lawrence Receipt For: Approximately a service of the control of the cont	OWNER				
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В.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE > OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the [11a 11b 11c 12 **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) 124000 Date of Receipt Mailing Address City Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupatio Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Addres City Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation SBQ IINDER つめみ Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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	neew M	Date of Receipt			
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SCHEDULE A	(FEC	Form	3X)
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or for commercial pu	rposes, other than using the	name and a	ddress of any political committee	to solicit co	ontributions	from such	committ	ee.
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Moora	ande	NJ	Zip Code	1		Receipt thi	s Period	
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B. <u>【 </u>	First, Middle Initial)			Date o	of Receipt			
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	FEC ID number of contributing federal political committee.	<u>C</u>	<u> </u>
	Name of Employer	Occupation	
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	Moresbur	State Zip Gode 54	Amount of Each Receipt this Period
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	Name of Employer	Occupation	
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;.	Full Name (Last, First, Middle Initial)		Date of Receipt
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	City Alexander	State Zio Code 201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

dress

FEC ID number of contributing federal political committee.

General

Name of Employer

Receipt For:

Primary

Mailing A

City

FOR LINE NUMBER: PAGE OF 1 Use separate schedule(s) (check_only one) for each category of the 11a 11b 11c 12 Detailed Summary Page 16 13 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt Zip Code Amount of Each Receipt this Period Occupation Aggregate Year-to-Date ▼

	Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	State Zia Code CI Occupation	Date of Receipt One of Page 1 Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
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SCHEDULE B	(FEC	Form	3X)
ITEMIZED DISE	URSE	MENT	S

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TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	22 23 2	24 25 26 28c 29 30b			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) T VM Dy512	wir LLC						
Full Name (Last, First, Middle Initial)		Date of Disbursement	***************************************				
Mailing Address BOX 8999	(1)	2513					
City Sign Francisco							
Purpose of Disbursement COEDIT COND Candidate Name	Category/ Type	Amount of Each Disbu	rsement this Period				
	nent For: Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial) 3. A N N N N N N N N N N N N N N N N N N	Park Note	ent	Date of Disbursement	PITA			
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SCHEDUL	E	3	(FEC	Form	3X)
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one)	PAGE 2 OF 19			
Any information copied from such Reports and Statem		d by any perso	28a 28b on for the purpose of	28c 29 30b			
or for commercial purposes, other than using the name							
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A. Full Name (Last, First, Middle Initial) Mailing Address Woolsand	Ming 1		Date of Disburser	ment 20.15			
Purpose of Disbursement	Amount of Each (Disbursement this Period					
Candidate Name Office Sought: House Disbursem	Category/ Type		. 28 1 00				
State: President District:	Primary ☐ General Other (specify) ▼		Memo Item				
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1-714 11MDER	State Zip Code Zip Code	Category/	Amount of Each Disbursement this Perio				
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	 FOR LINE NUMBER: (check only one)						24 28c	25 29	
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	ny information copied from such Reports and Statements may not be sold or used by a for commercial purposes, other than using the name and address of any political commercial purposes.		
\setminus	NAME OF COMMITTEE (In Full)		
	Full Name (Lock First Middle Initial)		
A.	Full Name (Last, First, Middle Initial)		Date of Disbursement
	Mailing Address		[[] [23] [3]
	City State Of State O	١	
	Purpose of Dispursement	31	Amount of Each Disbursement this Period
	Candidate Name Category	gory/	41800
	Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼		Memo Item
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26 30b 2016 - 03 - 28 - 08 - 00057782

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SOR

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PRESS FIRMLY TO SEAL

J.S. POSTAGE JANDEAPOLIS, MN 85403 18R 23 16 AMOUNT

1315 Constanta Way 4450 MM 5563A FROM: 2 BAN () 45/2, 12

DATE OF DELIVERY SPECIFIED*

USPS TRACKING™ INCLUDED*

INSURANCE INCLUDED *

PICKUP AVAILABLE

* Domestic only

-Egen Cleating Commission MASHIND DC 20463 999 GRET ST. NW Ö

Expected Delivery Day: 03/25/2016 USPS TRACKING NUMBER 8592 6083 0425 77 9505 5132

ISED INTERNATIONALLY STOMS DECLARATION L MAY BE REQUIRED.

EP14F July 2013 10 11 11 CO

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POSTAL SERVICE

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USPS Priority Mail	Postmarked 3/23/16				
USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date ext Business Day Delivery				
Received from House Records & Registration	Date of Receipt Office				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
	3/28/16				
(3/2015)	DATE PREPARED				